

# Minnesota Partners in Policymaking 2010-2011 Application for Participation

## CLASS 28 SCHEDULE

Note: All sessions are Friday and Saturday except March which is Sunday and Monday.

September 17-18, 2010  
October 15-16, 2010  
November 19-20, 2010  
January 21-22, 2011

February 25-26, 2011  
March 27-28, 2011  
April 15-16, 2011  
May 13-14, 2011

### TENNESSEN WARNING

PLEASE NOTE: The information requested on this application is for the purpose of selecting individuals who meet the criteria for participation in the Partners in Policymaking program. The list of names and addresses of Partners graduates that is prepared for each Partners class is taken from applications and considered public data under the Minnesota Government Data Practices Act. This list may be requested and will be released upon request.

To apply send application to: Government Training Services  
2233 University Avenue West, Suite 150  
St. Paul, MN 55114  
or apply online at: [www.mngts.org/partnersinpolicymaking](http://www.mngts.org/partnersinpolicymaking)

**APPLICATION DEADLINE: July 23, 2010**

PLEASE NOTE: This application is for Minnesota applicants only. We are particularly looking for applicants from the counties of Lac Qui Parle and Wabasha.

(PRINT IN INK)

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

1. Are you a person with a disability? Yes ☐ No ☐ (If no, proceed to Question 2.)

a. If so, please specify your disability and provide information about how it affects your daily life:

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b. What kinds of support services or technology services/devices do you use or do you receive?

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2. Are you a parent of a child with a developmental disability? Yes ☐ No ☐

a. If so, what services do you, your family or your son/daughter receive from the county where you live?

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b. Check one in each column for each child with a developmental disability:

**Child #1**  
**Age**      **Disability**  
☐ Birth - 3    ☐ Physical  
☐ 3 - 7       ☐ Cognitive  
☐ 7 - 10      ☐ Emotional/  
                         Behavioral  
☐ 10 - 14    ☐ Sensory  
☐ 14+        ☐ Other \_\_\_\_\_

**Child #2**  
**Age**      **Disability**  
☐ Birth - 3    ☐ Physical  
☐ 3 - 7       ☐ Cognitive  
☐ 7 - 10      ☐ Emotional/  
                         Behavioral  
☐ 10 - 14    ☐ Sensory  
☐ 14+        ☐ Other \_\_\_\_\_

**Child #3**  
**Age**      **Disability**  
☐ Birth - 3    ☐ Physical  
☐ 3 - 7       ☐ Cognitive  
☐ 7 - 10      ☐ Emotional/  
                         Behavioral  
☐ 10 - 14    ☐ Sensory  
☐ 14+        ☐ Other \_\_\_\_\_

c. Please specify by child his/her disability and provide information about how it affects his/her daily life and that of your family. \_\_\_\_\_

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d. Please provide some specific information on how this diagnosis or disability affects your access to necessary or needed services. \_\_\_\_\_

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e. Is your son/daughter receiving special education services? YES ☐ NO ☐

If yes, describe those services. \_\_\_\_\_

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3. Do you, or does your son/daughter, meet the federal definition of a person with a developmental disability? Yes ☐ No ☐ (See the definition on the last page of this application.)

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4. Identify one or two specific problems or issues that are of greatest concern to you. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Weekend sessions begin with check-in and lunch on the first day at 11:00 a.m. and end on the second day at 3:00 p.m. They are held at the Minneapolis Airport Marriott in Bloomington. Double occupancy rooms (you will be roomed with another class member) and meals will be provided.

- a. Attendance is required at each weekend session. Will you make a time commitment of two days, one weekend a month (September through May with no session in December), for eight months?  
YES ☐ NO ☐

***Please place the session dates on your calendar at this time.***

- b. If you are employed, have you talked with your employer about session attendance and made necessary arrangements so you can attend all weekend sessions?  
YES ☐ NO ☐

6. If you have a disability, what accommodations do you need to help you actively participate in the weekend sessions (such as wheelchair access or larger print)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you require interpreter services (such as signing or language translation)? YES ☐ NO ☐

If yes, please specify: \_\_\_\_\_

8. If you are a parent, will you be using respite/child care services, so you can participate in the Partners program?

YES ☐ NO ☐

If you are a person with a disability, will you be using personal care attendant services during the weekend sessions?

YES ☐ NO ☐

**PLEASE NOTE:** The Partners program does not provide on-site respite/child care or personal care attendant services, but reimbursement for these costs (up to a maximum of \$190/weekend) will be provided if no other source of funds are available to you.

9. Are you currently a member of, do volunteer work for, or are involved with an advocacy organization?  
YES ☐ NO ☐ If yes, what is the name of the organization(s) and what role(s) do you play?

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\_\_\_\_\_  
\_\_\_\_\_

10. Please tell us about yourself/your family.

a. If you are working, tell us about your job and the kind of work you do:

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b. If in school, tell us about your field of study or the types of classes you are taking:

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c. In what type of community/volunteer activities are you involved:

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d. What are some of your personal interests:

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e. Please share any life experiences that have been special joys or challenges for you, your child or your family: \_\_\_\_\_

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11. Tell us why you want to participate in the Partners in Policymaking program.

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12. How did you learn about the Partners in Policymaking Program?

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**APPLICATION DEADLINE IS JULY 23, 2010**

Send complete application to:

Government Training Services (GTS)  
2233 University Avenue W., Suite 150  
St. Paul, MN 55114

OR - complete online application at  
[www.mngts.org/partnersinpolicymaking](http://www.mngts.org/partnersinpolicymaking)

Applicants will be notified by **August 13, 2010**  
regarding their application status

**To learn more about the Partners in  
Policymaking program, contact**

Carol Schoeneck, Class Coordinator  
Government Training Services  
651-222-7409, extension 205 (metro)  
800-569-6878, extension 205 (non-metro)  
[cschoeneck@mngts.org](mailto:cschoeneck@mngts.org)